

EXHIBIT A

ADOPTION SERVICES

South Carolina
Department of Social Services

Family Name: Greg and Michelle Johnson

Children: Kameron Zeth

DOB: [REDACTED]

White Male

[REDACTED]
[REDACTED]
White Female

With little girl giggles and a freckled face, [REDACTED] presents a much more out-going personality than her studious, quieter and much more serious brother, Kameron, but this sibling group offers many rewards to the family that accepts the challenge of parenting them. Kameron, age 12, is a sixth grade student who when presented with expectations, can rise to the occasion. His academic performance has been somewhat inconsistent with his abilities, but he takes a great deal of pride in his achievements and responds well to encouragement and recognition. He can usually be counted on to assist his peers and willingly accepts social and academic challenges. A very active seven-year-old, [REDACTED] enjoys riding her bicycle and being outside, but "primping" and dressing up are also among her favorite things to do. Described as a chatterbox by her former foster mother, [REDACTED] thrives on attention and one-on-one interaction. Both [REDACTED] and Kameron are in need of affirmation, emotional support and unconditional love, and in exchange, Haley and Kameron can contribute warmth, laughter and love to a "forever" family.

Infancy

Kameron was born in the upstate area of South Carolina on [REDACTED]. Requests for his medical records have resulted in a search at the birthing hospital's off-site record storage facility, which has been unable to locate the birth record for Kameron. A request has been made that they continue to search for the record. If the record is located, the information from this record will be provided to the prospective adoptive family.

During Kameron's infancy and early childhood, he was seen at the emergency room several times. On February 10, 1991, at 4 months of age, he was diagnosed with an upper respiratory tract infection. He weighed 13 ½ pounds, but no length measurement was noted. He was seen

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again on December 9, 1991 and diagnosed with an ear infection. Kameron's weight at this visit was 20.4 pounds, but again no length measurement was recorded. Neither of the records for these visits reflects any developmental concerns.

[REDACTED] was born, [REDACTED] on [REDACTED] at 4:42 a.m. as a result of a normal, non-risk pregnancy. The birth mother was in labor for 6 hours and 42 minutes and received anesthesia by epidural injection prior to the vaginal delivery. [REDACTED] weighed 7 pounds, 6 ounces and was 20 1/2 inches long. Her head circumference was 13 1/2 inches and her chest circumference was 13 inches. She had Apgar scores of 9 at both one and five minutes. [REDACTED] was a full term infant and there were no difficulties or abnormalities noted during labor and delivery or during her brief hospital stay. Routine procedures and care included administration of Hepatitis B vaccine, Aquamephyton and Erythromycin ointment, and PKU and STD (sexually transmitted disease) screening. Her blood type was recorded as O+.

[REDACTED] was placed on formula and released from the hospital on June 9, 1995, with a referral to the WIC Program and an appointment for well-baby care at the health department. There is no indication that either [REDACTED] or Kameron were exposed to drugs or alcohol pre-natally, but this possibility cannot be ruled out.

Early Childhood

Kameron's records for his early childhood are confined to emergency room records. There are references at these visits for follow-up to be done at the health department. Records from the health department have been requested, but not received. Kameron was seen on March 16, 1992 and weighed 21 pounds. At a visit on September 8, 1992, Kameron weighed 22 1/2 pounds. While there were no developmental concerns noted, there does appear to be a below average weight gain for Kameron, when comparing his weight recorded at each visit. These visits were for vomiting and a rash of undetermined origin. Kameron was not admitted to the hospital for either of these visits.

Kameron had two more visits to the emergency room prior to entering care. On July 9, 1995, he presented complaining of abdominal and chest pain. Kameron had allegedly been hit by two other children. However, there were no injuries noted and he was sent home with instructions to follow-up if any symptoms of possible internal injury developed. He weighed approximately 36 pounds. He was seen in June 1998 to remove sutures from a scalp wound, but there are no records of when or how this happened or any indication of how serious this wound might have been. Court documents report that developmental milestones, such as walking, talking, etc. were within normal time frames for Kameron.

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Throughout her early childhood, [REDACTED] was seen at the emergency room of a local hospital on several occasions for normal childhood problems, including upper respiratory and ear infections. Her birth mother indicated that [REDACTED]'s primary medical provider was the health department. Health department records were requested but not received. However, there is no indication of any developmental concerns noted at [REDACTED]'s emergency room visits prior to her entry into foster care. Additionally, there were no problems noted on the Medical Visa completed when she entered foster care. She was reported to have a good appetite and good sleeping pattern. Her immunizations appeared current. There was no dental care provider identified. As with Kameron, court documents report that developmental milestones such as walking, talking, etc. were within normal time frames. [REDACTED] did experience enuresis throughout much of her foster care placement. This problem seems to have resolved during her placement in therapeutic foster care.

On October 1, 1999, [REDACTED] fell off a piece of playground equipment at her day care center, while in the legal custody of her maternal aunt. She was seen at the emergency room and diagnosed with a transcondylar fracture of the distal humerus in her right arm. She was admitted to a nearby hospital specializing in pediatric orthopedic surgery. The following day she underwent surgery to set the fracture. She tolerated the surgery well and was discharged later the same day. During the hospitalization for this injury, [REDACTED]'s birth mother was permitted to have supervised visits with [REDACTED]. There was concern noted by the attending physician that the location and nature of the fracture might present additional problems as [REDACTED] grew.

This concern proved to be well placed, as [REDACTED] elbow grew at an irregular angle and she had to undergo additional surgery on September 26, 2001. She was admitted on September 24, 2001 and discharged on September 28, with her arm in a cast. She remained in the cast for several weeks. The surgery appears to have corrected the angular growth problem. Her last follow-up appointment was September 11, 2002. The attending physician requested that she be seen again in one year, at which time, she will be discharged from care, provided she continues to present no difficulties related to the injury.

Development & Behavior

Kameron is approximately 5 feet tall and weighs 107 pounds. He has brown eyes and dark brown hair, with a fair complexion. Kameron has a warm smile and is eager to be accepted. He is bright and energetic. Kameron presents himself as very competent and intellectual, but this facade hides a young man who struggles with insecurity. His time in foster care frequently has played to his worse fears, including separation from [REDACTED] and a sense of responsibility for the plight in which he finds himself.

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Kameron has been very guarded and sometimes superficial in trusting and bonding to adults. Until his move to his current foster home, acceptance of Kameron has been conditional and Kameron has felt this hesitancy deeply. Recently, he was in a school musical and was genuinely surprised that his foster parent actually showed up to see his performance. Kameron is generally more negative than positive in his attitude. He can be sullen, and sulk and brood over slights, perceived and real. His feelings are very easily hurt. However, he is very cognizant of feelings in others and will try to address any hurts he has caused.

It is very difficult for Kameron to delay gratification, needing immediate rewards and praise. He literally beams when he does well and his accomplishment is recognized. He can intellectualize his shortcomings, but has difficulty internalizing responsibility for his actions. Because he equates love with material things, Kameron can be very focused on making sure that things are equitable. Kameron's therapist advised his foster parents to individually wrap a book set to deal with Kameron's perception that the foster family cared more for [REDACTED] and their other foster child because they had more packages under the Christmas tree than Kameron had, even though the family had tried to point out to Kameron that an equal amount of money was spent on each child. This comparison of what Kameron had or received versus what other children had or received was a huge issue in his former foster home. He was constantly watchful of anything that the adoptive daughter received and made mental notes when he felt he had not been treated the same or received as much as she had received.

Because of his insecurities, Kameron takes his failures and shortcomings very much to heart. He cried when he was caught lying because he felt that he had disappointed his foster parents. He is still learning to trust that he will not be sent away by his foster parents because he is not a perfect child. These fears were reinforced by the circumstances that surrounded the change in his placement from his former foster home to his current one. His former foster mother was very focused on trying to make Kameron perfect in certain areas to make him loveable, rather than calling forth the best in Kameron because she loved him. Kameron was aware of this distorted focus and found himself constantly challenged to be the type of person that the foster parent wanted as a son. Kameron does not like to be lectured. It is best to point out what is expected from him, provide for consequences and let the issue drop; to do otherwise builds up resentment in Kameron. On the surface, Kameron sees himself as deserving of good things, but subconsciously, it appears that he has his doubts.

Kameron will lie to avoid consequences. He will also blame other people for problems for which he is directly responsible, even to the point of being unbelievable. Previously, Kameron blamed the teachers for lying about him not turning in his homework, saying that they were just trying to make him look bad, rather than acknowledging the fact that he did not do his homework. There are references to Kameron stealing and lying prior to his entry into foster care.

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There are no reported incidents of Kameron stealing while in foster care. Kameron can also be impulsive, acting before he considers the consequences of his actions. He can express remorse, and his apologies and resolve to do better are sincere.

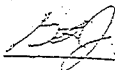
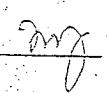
Kameron has a few friends at school, although he can be somewhat overbearing in pointing out that he is more competent than are the other children his age. Kameron is more of a follower than a leader, anxious to fit in with his peers. He enjoys sports, particularly basketball. He has played organized sports, in the past, but is not enrolled in any recreational or school sports at this time due to his grades. Kameron also enjoys reading and is a fan of the Harry Potter series. He also collects Pokemon and Yu-gi-oh cards and is an avid fan of video games.

Kameron is very difficult to get up in the mornings. His current foster parents provide earlier bed times as consequences for any problems in getting him going for the day. Generally, on school nights, Kameron's bedtime is 9:00 p.m. He sets his own bedtime on weekends, but is usually asleep by 11:00 p.m. due to his medication. He is expected to be awake and out of bed by 6:30 a.m. on school days. Kameron has expressed fears of a man with a camera appearing at his bedroom door in the middle of the night. The basis of this fear is unknown.

Kameron's last physical examination was September 10, 2002. He is in good health and has a good appetite. Like most young men his age, he is constantly eating and has a broad palate. He has had regular dental check-ups. Kameron has two permanent teeth erupting in the same place. One of these teeth will need to be pulled and there is a potential that he might need a consultation with an orthodontist. Kameron's personal hygiene is improving, but this area still presents some challenges. His former foster parent constantly complained that Kameron did not adequately clean himself after bowel movements, but his current foster mother does not describe Kameron as having a significant problem in this area.

Kameron is more likely to be verbally aggressive when upset or angry. When Kameron first entered foster care and he and [REDACTED] were placed in a group home, there was an isolated incident in which Kameron became physically aggressive with another child. According to his foster care worker at the time, the incident was minor and not repeated. The foster care worker described Kameron as unusual in that he has improved his behavior with each move in foster care. When faced with punishment, Kameron can become overwhelmed and hopeless because he knows that he has poor control over his impulses and emotions. It has been suggested that Kameron needs a great deal of understanding and very clear limits to help him improve his behaviors.

Kameron has had to handle several significant changes over the past few months. He left a foster home where, despite cautions by the Adoption Specialist against doing so, his foster mother made him promises several times that she would adopt Kameron and his sister, [REDACTED]. Having to

 
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move was very disappointing to him. Therefore, as stated earlier, Kameron has some problems with trust and has been hesitant to bond with his current foster family. He is described by his foster mother as seeing the foster family as a place to stay and to have food on the table. Kameron has demonstrated an ability to bond better with females than with males. Because he is more accepting of females and more secure with them, he has been more disrespectful of females. He is somewhat intimidated by his current foster father, which his therapist considers a healthy thing for Kameron. When Kameron moved to his current placement, the foster parents gave him a list of printed house rules. Included in these rules was the caution that disrespectful behavior towards women would not be tolerated and would have consequences for Kameron.

The second major change for Kameron was moving to the same foster home in which his sister was placed. Kameron is very happy to be reunited with [REDACTED]. He is very protective of her and sees taking care of her as his responsibility, although he can sometimes get frustrated with her because of her constant chattering and desire to have him play with her all the time. Kameron appears to have adjusted to this move well primarily because the move meant he would be with [REDACTED]. There have been no reports of any sexually inappropriate behavior from Kameron since entering care. Part of his therapy has been to insure that he understands boundaries, good touch-bad touch rules and appropriate social interactions.

Kameron's chores at his current foster home include keeping his room clean and picked-up, helping get dinner ready, and taking out the trash when needed. He is fairly compliant with his chores, but must be reminded about his room.

[REDACTED] is 4 feet, 3 1/2 inches tall, weighs 65 pounds, and has long brown hair and a fair complexion. She can be very sweet and caring, responding well to praise for her achievements. She has shown tremendous improvement in her behavior and ability to control her emotions since she was placed in her current foster home. [REDACTED]'s attitude is generally positive. She can give and receive affection appropriately, although when she is in a stressful situation, she can be clingy with her foster mother.

[REDACTED] gets along well with her peers and can be a flirt. She also gets along well with younger and older children. She is described as a leader, who will stand up for herself and is not easily influenced by her peers. She enjoys outdoor activities and is able to have fun. She is a very good swimmer. She understands the need for rules for fairness, but prefers her own rules.

[REDACTED] has difficulty dealing with frustration and sadness. Her foster mother describes [REDACTED] reactions to these emotions as "everything going south." She will bite her nails, scream, and throw things. When she is in a bad mood, she will look to her foster mother to bring her out of

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the mood. [REDACTED] can identify and talk about her own emotions. She can recognize emotions in other people and is anxious to help someone feel better. She can give and receive affection appropriately, but will also withhold her affection if she is angry with someone. She is "100% loyal" to Kameron.

[REDACTED] has the most difficulty in the mornings at which time she is hard to redirect. If she has a bad morning, she knows that she will have to eat breakfast at school (something she does not like to do) and have 15-20 minutes of time out when she returns home from school. She has a bedtime of 8:00 p.m. on school nights and 10:00 p.m. or later on weekends. She gets up at 6:30 a.m. on school days. Her mornings have improved since she has started taking a "jump start" dosage of Adderall. Her foster father wakes her up each morning before he leaves for work (around 5:30 a.m.) and gives her 5 mg. of Adderall and she goes back to bed. If she is having a bad morning, her foster mother has found that she is best ignored which allows [REDACTED] to calm herself and get ready for the day. Part of [REDACTED]'s inability to get up in the mornings might be caused by her tendency to get up in the middle of the night and play. This behavior was very pronounced in her former foster home, but has decreased. She sleeps with a night-light and will leave the bathroom light on if she gets up in the middle of the night to go the bathroom. [REDACTED] used to have nightmares, but these are no longer a problem. She has told the foster parents that she is no longer afraid of someone hurting her at in the middle of the night.

[REDACTED] is very dependent on routine and does not handle change well. She recently had a substitute teacher and this change caused [REDACTED] to have a headache. [REDACTED] needs to know what is going to happen next. She needs to trust that people will be there for her once a routine is established. She cannot be kept waiting at school, but must be picked up at the time that she has come to expect. [REDACTED] is easily distracted. If there is music, conversation, etc. going on in the room, [REDACTED] will lose focus.

[REDACTED] has clearly identified boundaries and expectations. However, she can escalate simple requests into battles. When she is on restriction, she is not permitted to listen to her music, to roller blade, use the trampoline or ride her bike. In addition, she has an earlier bedtime. Previously, the foster mother would send [REDACTED] to her room for time out, but went through a period of time that she had to sit with [REDACTED] on the couch for the duration of her time-out to prevent [REDACTED] from throwing things. It is more effective to place [REDACTED] in a chair in a common area for time out, and to keep the time-out to just a few minutes. Taking things away from [REDACTED] and making her earn them back is an effective form of discipline. Another form of discipline that works well is sending her to bed early, even if it is only three-five minutes early. It is rare for [REDACTED] to act-out when the foster father is present. [REDACTED] is sincere in expressing remorse and guilt and there is depth to her apologies.

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When she first came to her current foster home, [REDACTED] did not see herself as deserving of good things, but this has changed. [REDACTED] sees herself as successful, is able to identify her role in her success and enjoys being seen by others as successful. She enjoys helping around the house, although she would rather pick what she wants to do than to complete her assigned chores. She loves to help in the kitchen and get the mail and newspaper. Her chores include cleaning her room, taking out the bathroom trash and helping dust. [REDACTED] does not mind the foster mother bagging up her toys and taking them rather than [REDACTED] picking them up.

[REDACTED] is not very modest. She does not like the bathroom door closed when she is in the bathroom. She seeks comfort and reassurance when she is dressing and feels that underwear and a t-shirt are enough clothing to have on to appear in public areas of her home. [REDACTED] can take care of her personal hygiene, including shampooing her hair by herself. She likes to surprise the foster mother by taking a shower without being reminded.

[REDACTED] has a stronger bond to her foster mother, but trusts that her foster father will protect her. For [REDACTED], a mother's role is to nurture and provide for her needs, while a father is there to protect her. [REDACTED] has voiced the sentiment that "there might be monsters in her room, but that is ok because her daddy will get up and beat them and protect her from them."

[REDACTED]'s last physical examination was September 10, 2002 and she is medically healthy. She has a good appetite, with a broad palate. Her favorite food is Spaghetti-o's and she likes eating out at Ci-Ci's Pizza. She dislikes baked sweet potatoes. She likes Barbie dolls, Pokemon and watching cartoons. Her favorite musical group is N-Sync.

Church has not played a significant role in Kameron and [REDACTED]'s current foster home, nor in Kameron's previous foster home. Kameron and [REDACTED] will talk about having gone to church when they lived with their aunt. It is unclear if either Kameron or [REDACTED] has been baptized. When the Adoption Specialist began working with Kameron, he expressed his desire to become a preacher, but he has not continued to express this aspiration. It appears that this "vocation" is the result of experiences from his birth family as Kameron referred to himself as a "church" kid as early as his first month in foster care.

Attachment Issues

Kameron's attachment to his birth family has provided a study in contradiction. Early in his placement, he expressed his desire to not return home. This feeling appears to have stemmed from the unsanitary (described by Kameron as a "stinky, nasty" house) conditions in the home as well as Kameron's feelings about the birth mother's paramour, who was described as administering corporal punishment with a belt buckle. As Kameron's time in foster care

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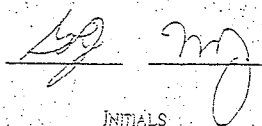
lengthened, he has alternately stated his desire to return to his birth mother and his desire not to do so. He had supervised monthly visits with his birth mother throughout the early part of his placement. He has not visited with the birthmother since December 2001, at which time she made numerous promises to him about what she would get him for Christmas. Kameron has expressed some resentment of his birth mother for her inability to complete her treatment plan for reunification. Kameron also had an unrealistic vision of what a return to his birthmother would hold for him and [REDACTED]. He fantasized that they would live in a big, clean house, with separate rooms for both him and [REDACTED] and that his birth mother would make everything perfect. It appears that Kameron now understands that this was little more than a dream about how he wanted things to be and that his birth family situation would not resemble this dream.

Kameron appeared to have little attachment to his first foster parents, which given the situation in that particular foster home, does not appear abnormal. Numerous children resided in the home, including biological as well as foster children. Attention was hard to come by in the home and it is entirely possible that there were significant differences made between the children in the home. Kameron did make an attachment to his first therapeutic foster mother and was desirous of staying in that home permanently. He did not have as strong a bond with the foster father. It is unclear if this was due to Kameron or to the foster father.

Kameron has had some difficulty bonding with his current foster family, but his foster mother described him as developing a level of trust and a sense that they are "on his side." Kameron had an attachment to his maternal aunt with whom he and [REDACTED] lived when they were removed from their birth mother's custody. Kameron looked forward to telephone contact and even some weekend trips with the aunt's family. He was very sad when he learned that he would no longer have contact with them. When the Adoption Specialist told Kameron that he would no longer have contact with this aunt, he got tears in his eyes and expressed that he felt like crying, the closest that the Adoption Specialist has ever seen Kameron come to an emotional response.

[REDACTED] seemed to have had an attachment to the first foster family with whom she and Kameron resided, but this attachment appeared to be rather superficial, as [REDACTED] was displaying some features of sexual abuse. This meant that [REDACTED] would indiscriminately hug, kiss or interact with people she had just met. After a few months in placement, [REDACTED] was a bit more reserved in her contact with new people but was still very desirous of attention. She also had trouble in separating from her foster mother.

[REDACTED] attachment to her current foster parent appears much healthier; she allows the foster parent to provide her comfort and affection, and she is cautious and appropriately guarded with new people and new surroundings. She appears to be most bonded to her foster mother, but also has a bond with her foster father.


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